

<i>SERFF Tracking Number:</i>	<i>EMCN-125775104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40050</i>
<i>Company Tracking Number:</i>	<i>AR - 20 - 2008</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002 Dread Disease</i>
<i>Product Name:</i>	<i>HP9370 et al</i>		
<i>Project Name/Number:</i>	<i>Version 2.0 Rerate - August 2008/</i>		

## Filing at a Glance

Company: EMC National Life Company

Product Name: HP9370 et al

SERFF Tr Num: EMCN-125775104 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit

State Tr Num: 40050

Sub-TOI: H07I.002 Dread Disease

Co Tr Num: AR - 20 - 2008

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Macy Allen

Disposition Date: 11/25/2008

Date Submitted: 08/25/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Version 2.0 Rerate - August 2008

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing is currently being reviewed by the Iowa Insurance Division.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 55%

Group Market Type:

Filing Status Changed: 11/25/2008

State Status Changed: 11/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

August 22, 2008

Hon. Julie Benafield Bowman

*SERFF Tracking Number:* EMCN-125775104 *State:* Arkansas  
*Filing Company:* EMC National Life Company *State Tracking Number:* 40050  
*Company Tracking Number:* AR - 20 - 2008  
*TOI:* H071 Individual Health - Specified Disease - *Sub-TOI:* H071.002 Dread Disease  
Limited Benefit  
*Product Name:* HP9370 et al  
*Project Name/Number:* Version 2.0 Rerate - August 2008/

Commissioner of Insurance  
Arkansas Insurance Department  
Life and Health Division  
1200 West 3rd Street  
Little Rock, AR 72201  
Attention: Rosalind Minor

RE: Cancer Specified Disease – Rate Increase  
NAIC #62928

Dear Ms. Minor:

Attached for your consideration are revised premiums for the following Cancer Specified Disease Policies:

Form Current Rate Sheet

(As National Travelers Life Company) Approved New Rate Sheet

(As EMC National Life Company) Requested

Increase

HP9370 RSH 9682 AR 1-08 8/17/2007 RSH 9688 AR 8-08 55%  
HP9370 RSH 9683 AR 1-08 8/17/2007 RSH 9689 AR 8-08 55%  
AMH 8328 RSH 9684 AR 1-08 8/17/2007 RSH 9690 AR 8-08 55%  
AMH 8328 RSH 9685 AR 1-08 8/17/2007 RSH 9691 AR 8-08 55%  
AMH 9372 RSH 9686 AR 1-08 8/17/2007 RSH 9692 AR 8-08 55%  
AMH 9372 RSH 9687 AR 1-08 8/17/2007 RSH 9693 AR 8-08 55%

These policies first became available in mid 2000 and they were marketed by National Travelers Life Company, which merged with Employers Modern Life to become EMC National Life Company. This is the fourth revision of rates for these forms.

A description of the policies, premium increase history, and past experience is included in the enclosed Actuarial Memorandum. The anticipated loss ratio is 55%.

<i>SERFF Tracking Number:</i>	<i>EMCN-125775104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40050</i>
<i>Company Tracking Number:</i>	<i>AR - 20 - 2008</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>HP9370 et al</i>		
<i>Project Name/Number:</i>	<i>Version 2.0 Rerate - August 2008/</i>		

We are requesting these rate increases to be implemented with the first premium due on or after 11/1/2009. There are currently 15,626 policy owners nationwide, including 750 Arkansas policy owners that will be affected by this revision.

Your prompt consideration will be greatly appreciated.

Mark C. Rowley, FSA, MAAA  
Vice President, Chief Actuary

## Company and Contact

### Filing Contact Information

Macy Allen, Actuarial Technician  
4095 NW Urbandale Drive  
Urbandale, IA 50322

Mallen@emcnl.com  
(515) 345-4210 [Phone]  
(515) 345-4165[FAX]

### Filing Company Information

EMC National Life Company  
4095 NW Urbandale Drive  
Urbandale, IA 50322-7914  
(515) 645-4000 ext. 4094[Phone]

CoCode: 62928  
Group Code:  
Group Name:  
FEIN Number: 42-0868851  
-----

State of Domicile: Iowa  
Company Type: L and Health  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 1 form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC National Life Company	\$50.00	08/25/2008	22106676

SERFF Tracking Number:	EMCN-125775104	State:	Arkansas
Filing Company:	EMC National Life Company	State Tracking Number:	40050
Company Tracking Number:	AR - 20 - 2008		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	HP9370 et al		
Project Name/Number:	Version 2.0 Rerate - August 2008/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/25/2008	11/25/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/28/2008	08/28/2008	Macy Allen	10/06/2008	10/06/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Revised Proposed Rates for HP9370 et al	Rate	Macy Allen	10/07/2008	10/07/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reply to Rosalind Minor's note of 10/08/2008	Note To Reviewer	Macy Allen	11/25/2008	11/25/2008
Amendment of 10/7/08	Note To Filer	Rosalind Minor	10/08/2008	10/08/2008
Your request for a 55% rate increase	Note To Filer	Rosalind Minor	10/07/2008	10/07/2008

<i>SERFF Tracking Number:</i>	<i>EMCN-125775104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40050</i>
<i>Company Tracking Number:</i>	<i>AR - 20 - 2008</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>HP9370 et al</i>		
<i>Project Name/Number:</i>	<i>Version 2.0 Rerate - August 2008/</i>		

<i>SERFF Tracking Number:</i>	<i>EMCN-125775104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40050</i>
<i>Company Tracking Number:</i>	<i>AR - 20 - 2008</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>HP9370 et al</i>		
<i>Project Name/Number:</i>	<i>Version 2.0 Rerate - August 2008/</i>		

## Disposition

Disposition Date: 11/25/2008

Implementation Date:

Status: Approved-Closed

Comment: We are approving your request for a 55% rate increase with the understanding that you will implement the increase over a two year period. A 25% rate increase will be implemented now and a 30% rate increase will be implemented twelve months from the 25% rate increase. The 30% increase will be implemented without the company asking for a higher increase at that time. The increase is approved based on the following conditions:

1. Rate increases will not be given prior to the first annual anniversary of the policy.
2. After the first annual anniversary, rate increases will not be given more frequently than once in a twelve month period.
3. Rate increases, other than a change in age or an individual moving to another geographical location, must be filed for approval.

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
EMC National Life Company	55.000%	\$311,123	750	\$565,679	%	%	55.000%

SERFF Tracking Number: EMCN-125775104 State: Arkansas

Filing Company: EMC National Life Company State Tracking Number: 40050

Company Tracking Number: AR - 20 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
Limited Benefit

Product Name: HP9370 et al

Project Name/Number: Version 2.0 Rerate - August 2008/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Exhibit 1A	Approved-Closed	No
Rate (revised)	Revised Proposed Rates for HP9370 et al	Approved-Closed	Yes
Rate	Proposed Rates for HP9370 et al	Replaced	No



SERFF Tracking Number: EMCN-125775104 State: Arkansas  
Filing Company: EMC National Life Company State Tracking Number: 40050  
Company Tracking Number: AR - 20 - 2008  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
Limited Benefit  
Product Name: HP9370 et al  
Project Name/Number: Version 2.0 Rerate - August 2008/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/28/2008  
Submitted Date 08/28/2008

Respond By Date

Dear Macy Allen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is requested that you provide us with the Actual Experience for Arkansas in order to finalize our review.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/06/2008  
Submitted Date 10/06/2008

Dear Rosalind Minor,

**Comments:**

### Response 1

Comments: Upon your request, we have provided Arkansas only experience for HP9370 et al. (The attachment is entitled "Exhibit 1A")

Thank you for working with us on this filing. Please let us know if you have any questions/concerns.

*SERFF Tracking Number:*      *EMCN-125775104*      *State:*      *Arkansas*  
*Filing Company:*      *EMC National Life Company*      *State Tracking Number:*      *40050*  
*Company Tracking Number:*      *AR - 20 - 2008*  
*TOI:*      *H071 Individual Health - Specified Disease - Limited Benefit*      *Sub-TOI:*      *H071.002 Dread Disease*  
*Product Name:*      *HP9370 et al*  
*Project Name/Number:*      *Version 2.0 Rerate - August 2008/*

Sincerely,  
Macy K. Allen  
Actuarial Technician

**Related Objection 1**

Applies To:  
-      Health - Actuarial Justification (Supporting Document)  
Comment:

It is requested that you provide us with the Actual Experience for Arkansas in order to finalize our review.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Exhibit 1A  
Comment: Please see the attachment for Arkansas only experience.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Macy Allen

## Note To Reviewer

Macy Allen on 11/25/2008 10:38 AM

## Reply to Rosalind Minor's note of 10/08/2008

This is in reply to our conversation this morning. We are sorry we did not notice your last "note to filer".

We will implement the 30% rate increase in November, 2010 without the right to ask for a higher increase at that time.

We may request a rate increase in 2011, if applicable.

Thank you for your assistance.

## Note To Filer

Rosalind Minor on 10/08/2008 09:08 AM

## Amendment of 10/7/08

We would like for you to implement the 30% rate increase in November, 2010, without the right to ask for a higher increase at that time.

Created by SERFF on 11/25/2008 11:17 AM

SERFF Tracking Number: EMCN-125775104 State: Arkansas  
Filing Company: EMC National Life Company State Tracking Number: 40050  
Company Tracking Number: AR - 20 - 2008  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
Limited Benefit  
Product Name: HP9370 et al  
Project Name/Number: Version 2.0 Rerate - August 2008/

## Amendment Letter

Amendment Date:

Submitted Date: 10/07/2008

### Comments:

We understand that the Department will consider implementing the 55% increase over a two year period -- with a 25% rate increase implemented now and a 30% rate increase implemented 12 months from now.

We would like to modify our filing to request a 25% rate increase to be implemented November, 2009 and a 30% rate increase to be implemented November, 2010. We would also like to reserve the right to ask for a higher rate increase percentage in November, 2010, if experience deteriorates further. In that case, we would file the additional request and present evidence of the deteriorating experience. If that is not the case, we would implement in November, 2010, without additional filing, the 30% rate increase requested here.

We appreciate your consideration in this important matter.

Sincerely,

Macy K. Allen

Actuarial Technician

### Changed Items:

#### Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Revised Proposed Rates for HP9370 et al	RSH 9689 AR 8-08, RSH 9688 AR 8-08, RSH 9690 AR 8-08, RSH 9691 AR 8-08, RSH 9692 AR 8-08, RSH 9693 AR 8-08	Revised	Previous State Filing Number:	Revised Proposed Rates - AR.pdf

Percent Rate Change Request: 25

Revised Proposed Rates - AR.pdf

--	--	--	--

## Note To Filer

Rosalind Minor on 10/07/2008 08:49 AM

Your request for a 55% rate increase

Based on the impact that a 55% rate increase will have on the insureds in Arkansas, we will consider this amount to be implemented over a two year period with a 25% rate increase to be implemented now and a 30% rate increase to be implemented twelve months from now.

Created by SERFF on 11/25/2008 11:17 AM

SERFF Tracking Number:	EMCN-125775104	State:	Arkansas
Filing Company:	EMC National Life Company	State Tracking Number:	40050
Company Tracking Number:	AR - 20 - 2008		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	HP9370 et al		
Project Name/Number:	Version 2.0 Rerate - August 2008/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	55.000%
<b>Effective Date of Last Rate Revision:</b>	11/01/2008
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
EMC National Life Company	55.000%	55.000%	\$311,123	750	\$565,679	%	%

SERFF Tracking Number:	EMCN-125775104	State:	Arkansas
Filing Company:	EMC National Life Company	State Tracking Number:	40050
Company Tracking Number:	AR - 20 - 2008		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	HP9370 et al		
Project Name/Number:	Version 2.0 Rerate - August 2008/		

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Revised Proposed Rates for HP9370 et al	RSH 9689 AR 8-08, RSH 9688 AR 8-08, RSH 9690 AR 8-08, RSH 9691 AR 8-08, RSH 9692 AR 8-08, RSH 9693 AR 8-08	Revised		Revised Proposed Rates - AR.pdf



EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP9370  
Age Banded Annual Premiums

	Issue Age	Base Only for RCI benefit Limit of				Daily Room and Board per unit	Surgery Benefit per unit
		\$2,500/mo	\$5,000/mo	\$7,500/mo	\$10,000/mo		
INDIVIDUAL	18-44	405.92	495.94	576.35	636.80	21.20	23.29
	45-49	422.26	523.72	613.07	679.17	21.36	23.29
	50-54	510.62	636.07	747.50	830.31	28.58	31.67
	55-59	596.09	740.15	870.17	967.81	36.28	43.73
	60-64	685.77	836.15	977.66	1086.34	45.38	58.16
	65-69	778.11	918.56	1057.51	1170.55	56.98	73.76
	70-75	843.89	962.87	1081.56	1187.76	69.20	88.36
FAMILY	18-44	712.88	896.57	1059.01	1180.25	41.61	43.97
	45-49	742.08	943.41	1119.56	1249.41	42.35	43.97
	50-54	894.88	1137.27	1351.92	1511.32	55.12	60.46
	55-59	1049.34	1324.35	1572.35	1758.62	69.20	83.18
	60-64	1217.12	1503.19	1772.35	1978.99	86.27	110.53
	65-69	1391.22	1658.08	1922.09	2136.84	108.25	140.13
	70-75	1515.99	1742.03	1967.61	2169.33	131.49	167.90
SINGLE PARENT	18-44	487.11	595.13	691.60	764.17	25.44	27.95
	45-49	506.73	628.45	735.70	815.00	25.62	27.95
	50-54	612.74	763.30	896.97	996.36	34.29	38.00
	55-59	715.34	888.17	1044.19	1161.38	43.53	52.48
	60-64	822.93	1003.37	1173.20	1303.62	54.47	69.78
	65-69	933.74	1102.26	1269.02	1404.67	68.36	88.52
	70-75	1012.67	1297.87	1297.87	1425.30	83.05	106.03

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP9370  
Composite Annual Premiums

	Base Only for RCI benefit Limit of				Daily Room and Board per unit	Surgery Benefit per unit
	\$2,500/mo	\$5,000/mo	\$7,500/mo	\$10,000/mo		
<b>INDIVIDUAL</b>	405.92	495.94	576.35	636.80	21.20	23.29
<b>FAMILY</b>	712.88	896.57	1059.01	1180.25	41.61	43.97
<b>SINGLE PARENT</b>	487.11	595.13	691.60	764.17	25.44	27.95

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD:

Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT:

Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

**RATE SHEET FOR  
AMH 8328 HOSPITAL CORONARY CARE  
OR INTENSIVE CARE CONFINEMENT BENEFIT**

If sold as an age banded plan -- (age last birthday -- annual)

	<u>ISSUE AGE</u>	<u>RATE PER UNIT</u>
SINGLE	18-44	78.47
	45-49	94.16
	50-54	103.27
	55-59	126.81
	60-64	150.04
	65-69	166.36
	70-75	131.20
FAMILY	18-44	156.94
	45-49	177.97
	50-54	201.19
	55-59	240.12
	60-64	280.29
	65-69	309.17
	70-75	240.75
SINGLE PARENT	18-44	109.86
	45-49	112.99
	50-54	123.98
	55-59	152.23
	60-64	180.16
	65-69	199.63
	70-75	157.57

(Monthly premiums = 1/12 annual)

**RATE SHEET FOR  
AMH 8328 HOSPITAL CORONARY CARE  
OR INTENSIVE CARE CONFINEMENT BENEFIT**

If sold as composite rates -- (age last birthday -- annual premium)

	<u>RATE PER UNIT</u>
SINGLE	78.47
FAMILY	156.94
SINGLE PARENT	109.86

(Monthly premiums = 1/12 annual)

**RATE SHEET FOR  
AMH 9372 INTERNAL CANCER  
FIRST OCCURRENCE BENEFIT RIDER  
(INDIVIDUAL)**

If sold as an age banded policy -- (age last birthday -- annual)

	<u>ISSUE AGE</u>	<u>RATE PER UNIT</u>
SINGLE	18-44	62.78
	45-49	63.73
	50-54	82.24
	55-59	103.59
	60-64	126.51
	65-69	150.05
	70-75	173.27
FAMILY	18-44	106.73
	45-49	116.46
	50-54	151.61
	55-59	192.10
	60-64	236.37
	65-69	281.56
	70-75	326.76
SINGLE PARENT	18-44	75.34
	45-49	76.59
	50-54	98.88
	55-59	124.31
	60-64	151.93
	65-69	180.17
	70-75	207.80

(Monthly premiums = 1/12 annual)

**RATE SHEET FOR  
AMH 9372 INTERNAL CANCER  
FIRST OCCURRENCE BENEFIT RIDER  
(PAYROLL DEDUCTION)**

If sold as composite rates -- (age last birthday -- annual premium)

	<u>RATE PER UNIT</u>
SINGLE	62.78
FAMILY	106.73
SINGLE PARENT	75.34

(Monthly premiums = 1/12 annual)

SERFF Tracking Number:	EMCN-125775104	State:	Arkansas
Filing Company:	EMC National Life Company	State Tracking Number:	40050
Company Tracking Number:	AR - 20 - 2008		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	HP9370 et al		
Project Name/Number:	Version 2.0 Rerate - August 2008/		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved-Closed	11/25/2008
<b>Comments:</b>	<p>For your convenience, we are attaching a cover letter for this filing.</p> <p><b>Attachment:</b></p> <p>Cover Letter - AR.pdf</p>			

August 22, 2008

Hon. Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
Life and Health Division  
1200 West 3rd Street  
Little Rock, AR 72201  
Attention: Rosalind Minor

RE: Cancer Specified Disease – Rate Increase  
NAIC #62928

Dear Ms. Minor:

Attached for your consideration are revised premiums for the following Cancer Specified Disease Policies:

Form	Current Rate Sheet (As National Travelers Life Company)	Approved	New Rate Sheet (As EMC National Life Company)	Requested Increase
HP9370	RSH 9682 AR 1-08	8/17/2007	RSH 9688 AR 8-08	55%
HP9370	RSH 9683 AR 1-08	8/17/2007	RSH 9689 AR 8-08	55%
AMH 8328	RSH 9684 AR 1-08	8/17/2007	RSH 9690 AR 8-08	55%
AMH 8328	RSH 9685 AR 1-08	8/17/2007	RSH 9691 AR 8-08	55%
AMH 9372	RSH 9686 AR 1-08	8/17/2007	RSH 9692 AR 8-08	55%
AMH 9372	RSH 9687 AR 1-08	8/17/2007	RSH 9693 AR 8-08	55%

These policies first became available in mid 2000 and they were marketed by National Travelers Life Company, which merged with Employers Modern Life to become EMC National Life Company. This is the fourth revision of rates for these forms.

A description of the policies, premium increase history, and past experience is included in the enclosed Actuarial Memorandum. The anticipated loss ratio is 55%.

We are requesting these rate increases to be implemented with the first premium due on or after 11/1/2009. There are currently 15,626 policy owners nationwide, including 750 Arkansas policy owners that will be affected by this revision.

Your prompt consideration will be greatly appreciated.



Mark C. Rowley, FSA, MAAA  
Vice President, Chief Actuary



<i>SERFF Tracking Number:</i>	<i>EMCN-125775104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40050</i>
<i>Company Tracking Number:</i>	<i>AR - 20 - 2008</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>HP9370 et al</i>		
<i>Project Name/Number:</i>	<i>Version 2.0 Rerate - August 2008/</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Rate and Rule	Proposed Rates for HP9370 et al	08/15/2008	Proposed Rates - AR.pdf

EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP9370  
Age Banded Annual Premiums

	Issue Age	Base Only for RCI benefit Limit of				Daily Room and Board per unit	Surgery Benefit per unit
		\$2,500/mo	\$5,000/mo	\$7,500/mo	\$10,000/mo		
INDIVIDUAL							
	18-44	503.34	614.96	714.68	789.63	26.28	28.88
	45-49	523.61	649.41	760.20	842.17	26.47	28.88
	50-54	633.17	788.72	926.89	1029.58	35.43	39.26
	55-59	739.15	917.78	1079.01	1200.08	44.97	54.21
	60-64	850.36	1036.82	1212.29	1347.06	56.26	72.09
	65-69	964.85	1139.01	1311.31	1451.48	70.63	91.43
	70-75	1046.42	1193.96	1341.13	1472.82	85.78	109.53
FAMILY							
	18-44	883.97	1111.75	1313.16	1463.51	51.59	54.51
	45-49	920.17	1169.82	1388.25	1549.27	52.50	54.51
	50-54	1109.65	1410.21	1676.38	1874.03	68.33	74.95
	55-59	1301.18	1642.19	1949.71	2180.69	85.78	103.11
	60-64	1509.23	1863.96	2197.71	2453.94	106.94	137.01
	65-69	1725.11	2056.02	2383.38	2649.68	134.19	173.71
	70-75	1879.82	2160.11	2439.83	2689.97	163.00	208.13
SINGLE PARENT							
	18-44	604.02	737.96	857.58	947.56	31.54	34.65
	45-49	628.34	779.28	912.26	1010.60	31.76	34.65
	50-54	759.80	946.49	1112.24	1235.48	42.50	47.11
	55-59	887.01	1101.33	1294.79	1440.11	53.96	65.05
	60-64	1020.43	1244.17	1454.76	1616.49	67.52	86.50
	65-69	1157.84	1366.79	1573.58	1741.79	84.74	109.73
	70-75	1255.71	1609.36	1609.36	1767.37	102.95	131.43

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP9370  
Composite Annual Premiums

	Base Only for RCI benefit Limit of				Daily Room and Board per unit	Surgery Benefit per unit
	\$2,500/mo	\$5,000/mo	\$7,500/mo	\$10,000/mo		
INDIVIDUAL	503.34	614.96	714.68	789.63	26.28	28.88
FAMILY	883.97	1111.75	1313.16	1463.51	51.59	54.51
SINGLE PARENT	604.02	737.96	857.58	947.56	31.54	34.65

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD:

Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT:

Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

**RATE SHEET FOR  
AMH 8328 HOSPITAL CORONARY CARE  
OR INTENSIVE CARE CONFINEMENT BENEFIT**

If sold as an age banded plan -- (age last birthday -- annual)

	<u>ISSUE AGE</u>	<u>RATE PER UNIT</u>
SINGLE	18-44	97.30
	45-49	116.76
	50-54	128.05
	55-59	157.24
	60-64	186.05
	65-69	206.28
	70-75	162.68
FAMILY	18-44	194.60
	45-49	220.68
	50-54	249.47
	55-59	297.74
	60-64	347.55
	65-69	383.36
	70-75	298.52
SINGLE PARENT	18-44	136.22
	45-49	140.11
	50-54	153.73
	55-59	188.76
	60-64	223.39
	65-69	247.54
	70-75	195.38

(Monthly premiums = 1/12 annual)

**RATE SHEET FOR  
AMH 8328 HOSPITAL CORONARY CARE  
OR INTENSIVE CARE CONFINEMENT BENEFIT**

If sold as composite rates -- (age last birthday -- annual premium)

	<u>RATE PER UNIT</u>
SINGLE	97.30
FAMILY	194.60
SINGLE PARENT	136.22

(Monthly premiums = 1/12 annual)

**RATE SHEET FOR  
AMH 9372 INTERNAL CANCER  
FIRST OCCURRENCE BENEFIT RIDER  
(INDIVIDUAL)**

If sold as an age banded policy -- (age last birthday -- annual)

	<u>ISSUE AGE</u>	<u>RATE PER UNIT</u>
SINGLE	18-44	77.84
	45-49	79.02
	50-54	101.97
	55-59	128.44
	60-64	156.86
	65-69	186.05
	70-75	214.84
FAMILY	18-44	132.33
	45-49	144.39
	50-54	187.98
	55-59	238.19
	60-64	293.08
	65-69	349.10
	70-75	405.15
SINGLE PARENT	18-44	93.41
	45-49	94.97
	50-54	122.60
	55-59	154.12
	60-64	188.38
	65-69	223.39
	70-75	257.65

(Monthly premiums = 1/12 annual)

**RATE SHEET FOR  
AMH 9372 INTERNAL CANCER  
FIRST OCCURRENCE BENEFIT RIDER  
(PAYROLL DEDUCTION)**

If sold as composite rates -- (age last birthday -- annual premium)

	<u>RATE PER UNIT</u>
SINGLE	77.84
FAMILY	132.33
SINGLE PARENT	93.41

(Monthly premiums = 1/12 annual)